

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

IUOE OPERATING ENGINEERS

ADDRESS (number and street)

1375 VIRGINIA DR.

☐Check if different  
than previously  
reported. (ACC)

FT. WASHINGTON

PA

19034

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136739

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES JAMES JONES

Signature of Treasurer Electronically Filed by JAMES JAMES JONES

Date

04

05

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
IUOE OPERATING ENGINEERS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		89.26
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	89.26									
(c) Total Receipts (from Line 19) .....	40350.00	40350.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40439.26	40439.26								
7. Total Disbursements (from Line 31) .....	35850.00	35850.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4589.26	4589.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

IUOE OPERATING ENGINEERS

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	40350.00	40350.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	40350.00	40350.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	40350.00	40350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40350.00	40350.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	34850.00	34850.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35850.00	35850.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35850.00	35850.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	40350.00	40350.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40350.00	40350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

A.

Full Name (Last, First, Middle Initial)

PAT PAT MEEHAN FOR CONGRESS

Mailing Address P.O. BOX 308

City  
DREXEL HILL

State  
PA

Zip Code  
19024

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
9TH WARD 9TH WARD DEMO COMM

Mailing Address 123 W. GRAVERS LN.

City PHILA State PA Zip Code 19118

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6522

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**B.** Full Name (Last, First, Middle Initial)  
BOB BOB GORDON FOR SENATE

Mailing Address P.O. BOX 14

City FAIR LAWN State NJ Zip Code 07410

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
CHRIS CHRIS DOHERTY

Mailing Address P.O. BOX 205

City SCRANTON State PA Zip Code 18503

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

GREENLEAF CITIZENS FOR GREENLEAF

Mailing Address 1555 TERWOOD RD

City  
HUNTINGDON VALLEY

State  
PA

Zip Code  
19006

Purpose of Disbursement  
CAMPAIGN ONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

03/30/10

**Transaction ID:** SB29.6534

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

RON CITIZENS FOR RON BUXTON

Mailing Address P.O. BOX 391

City  
HARRISBURG

State  
PA

Zip Code  
17108

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

DWIGHT CITIZENS TO ELECT DWIGHT EVANS

Mailing Address P.O BOX 19097

City  
PHILADELPHIA

State  
PA

Zip Code  
19138

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6520

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
BILL COMM. TO ELECT BILL KELLER

Mailing Address P.O. BOX 37531

City PHILA State PA Zip Code 19148

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6525

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
EDWARD COMM. TO ELECT ED NESMITH

Mailing Address 2440 TASKER ST

City PHILADELPHIA State PA Zip Code 19145

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6514

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN COMM. TO ELECT JOHN SABATINO

Mailing Address 7700 CASTOR AVE

City PHILADELPHIA State PA Zip Code 19152

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6489

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

MIKE COMM. TO RE-ELECT MIKE STACK

Mailing Address 113 S. 21ST STREET

City  
PHILA.State  
PAZip Code  
19103Purpose of Disbursement  
CAMPAIGN COMTRI

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6510

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

REPUBLICAN DEL. COUNTY REP FINANCE COMM

Mailing Address 323 WEST FRONT ST.

City  
MEDIAState  
PAZip Code  
19063Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6537

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

DEMOCRATIC DEMO. SENATE CAMPAIGN COMM

Mailing Address P.O. BOX 3792

City  
HARRISBURGState  
PAZip Code  
17105Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6538

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
DIPASQUALE DIPASQUALE FOR THE 95TH

Mailing Address P.O. BOX 7365

City State Zip Code  
STEELTON PA 17113

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6513

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
RON DONATUCCI 2007 COMM

Mailing Address 1616 S. BROAD ST

City State Zip Code  
PHILA PA 19145

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6487

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES FIRM OF US TAX CONSULTANTS

Mailing Address 2801 MAXWELL ST.

City State Zip Code  
PHILA. PA 19136

Purpose of Disbursement  
ACCOUNTANT

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6480

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

A.

Full Name (Last, First, Middle Initial)

BRENDAN FRIENDS OF B. BOYLE

Mailing Address 518 BURGESS ST.

City  
PHILADELPHIA

State  
PA

Zip Code  
19116

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6497

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

BRIAN FRIENDS OF B. O'NEILL

Mailing Address 15209 BERNITA DR.

City  
PHILADELPHIA

State  
PA

Zip Code  
19116

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6500

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

BOB FRIENDS OF BOB GODSHALL

Mailing Address 316 GODSHALL RD

City  
SOUDERTON

State  
PA

Zip Code  
18964

Purpose of Disbursement  
CAMPAIGN CONTRI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6477

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
CHERELLE FRIENDS OF C. PARKER

Mailing Address P.O. BOX 27647

City PHILA State PA Zip Code 19118

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6532

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
FALINESE FRIENDS OF FALINESE

Mailing Address P.O. BOX 22594

City PHILA State PA Zip Code 19110

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
GENE FRIENDS OF GENE DIGIROLAMO

Mailing Address 5806 WHARTON CIR

City BENSALEM State PA Zip Code 19020

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
GEORGE FRIENDS OF GEO ZALAR

Mailing Address 1223 W. SPRUCE ST

City COAL TWP. State PA Zip Code 17866

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6507

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
JIM FRIENDS OF JIM CAWLEY

Mailing Address 10 RED CEDAR DR

City LEVITTOWN State PA Zip Code 19055

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
JOE FRIENDS OF JOE MCGINN

Mailing Address 50 S. PROVIDENCE RD.

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 22

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

LOU FRIENDS OF LOU AGRE

Mailing Address P.O. BOX 25956

City  
PHILADELPHIA

State  
PA

Zip Code  
19128

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6528

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

MARIO FRIENDS OF MARIO CIVERA

Mailing Address P.O. BOX 682

City  
PILGRIM GARDENS

State  
PA

Zip Code  
19026

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

NICK FRIENDS OF NICK MICCARELLI

Mailing Address 901 11TH AVE

City  
PROSPECT PARK

State  
PA

Zip Code  
19076

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

STEVE FRIENDS OF S. BARRAR

Mailing Address 12 BERNARD ST

City  
ASTONState  
PAZip Code  
19014Purpose of Disbursement  
CAMPAIGN CONTRI

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6536

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN FRIENDS OF SAIDEL

Mailing Address 1530 CHESTNUT ST.

City  
PHILA.State  
PAZip Code  
19102Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6533

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

TED FRIENDS OF TED ERICKSON

Mailing Address P.O. BOX 564

City  
DREXEL HILLState  
PAZip Code  
19026Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6535

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional) .....

2750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

58TH WARD FRIENDS OF THE 58TH WARD

Mailing Address P.O. BOX 11524

City  
PHILA

State  
PA

Zip Code  
19116

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

TIM FRIENDS OF TIM SEIP COMM

Mailing Address 7 MAPLE AVE

City  
PINE GROVE

State  
PA

Zip Code  
17963

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6491

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

TINA FRIENDS OF TINA DAVIS

Mailing Address 3012 WEST AVE

City  
BRISTOL

State  
PA

Zip Code  
19007

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6526

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

TOM FRIENDS OF TOM MCGARRIGLE

Mailing Address 115 W. STATE ST SUITE 300

City  
MEDIAState  
PAZip Code  
19063Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTINE FRIENDS TO ELECT C TARTAGLIONE

Mailing Address 800 N 3RD STREET - 4TH FLR.

City  
HARRISBURGState  
PAZip Code  
17102Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6516

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

GALLOWAY GALLOWAY FOR STATE REP

Mailing Address 74 VIEWSPPOINT LN.

City  
LEVITTOWNState  
PAZip Code  
19054Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6474

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

GREENLEE GREENLEE FOR COUNCIL AT LARGE

Mailing Address 2932 OGDEN ST.

City  
PHILA.State  
PAZip Code  
19130Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6523

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

KENNY KENNY FOR COUNCIL

Mailing Address P.O. BOX 60065

City  
PHILAState  
PAZip Code  
19102Purpose of Disbursement  
CAMPAIGN CONTRI

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

LOU LOU AGRE FOR STATE REP

Mailing Address 539 GALES ST

City  
PHILADELPHIAState  
PAZip Code  
19128Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.** Full Name (Last, First, Middle Initial)  
MARKOSEK MARKOSEK FOR STATE LEGISLATIVE

Mailing Address P.O. BOX 193

City State Zip Code  
MONROEVILLE PA 15146

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
MIKE MIKE STURLA

Mailing Address P.O. BOX 206

City State Zip Code  
LANCASTER PA 17608

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
MONTGOMERY MONTGOMERY COUNTY DEMO COMM

Mailing Address 14W. MARSHALL ST.

City State Zip Code  
NORRISTOWN PA 19401

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

**A.**

Full Name (Last, First, Middle Initial)

PLAN P.L.A.N

Mailing Address 800 N. THIRD ST. 4TH FLR.

City  
HARRISBURG

State  
PA

Zip Code  
17102

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

BRODY PEOPLE FOR BRODY

Mailing Address 1804 SHALLCROSS AVE

City  
WILMINGTON

State  
DE

Zip Code  
19806

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

SANTARIERO SANTARIERO FOR STATE REP

Mailing Address 16 S. MAIN ST - STE 200

City  
YARDLEY

State  
PA

Zip Code  
19007

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

IUOE OPERATING ENGINEERS

A.

Full Name (Last, First, Middle Initial)

SANTARIERO SANTARIERO FOR STATE REP

Mailing Address 16 S. MAIN ST - STE 200

City  
YARDLEY

State  
PA

Zip Code  
19007

Purpose of Disbursement  
CAMPAIGN CONTRI.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6530

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

34500.00